

REQUEST FOR CORRECTIONS TO NAME WITHIN THE FIRST YEAR OF LIFE

When you signed your child's birth certificate information form, you were attesting to the accuracy of that information. This form can only be used to correct keying errors made by the hospital, birth attendant or the State Office of Vital Records. The State Office of Vital Records will verify the information on this form with your hospital or birth attendant before making any corrections.

YOU MAY NOT USE THIS FORM TO CHANGE OR MAKE ADDITIONS TO ANY PART OF A CHILD'S NAME. If you want to change the information that you attested to, you must use another form (DPH 5210 Request for Name Change Within the First Year of Life). You may obtain this form from our web site at www.dhfs.wisconsin.gov/forms/DPH/dph5209.pdf or by contacting the State Office of Vital Records at (608) 267-7816 or (608) 266-1939.

This form may be used to correct your child's name if the child was born in Wisconsin and is less than 365 days of age when this form is filed in the State Office of Vital Records.

You may submit a correction request for a child's name only once. A court order is necessary for further correction to a child's name on a birth record.

PENALTIES: Any person who willfully and knowingly supplies any false information to be used in the preparation of or the amendment of a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per Chapter 69.24(1), Wisconsin Statutes.]

CHILD'S DATE OF BIRTH _____ **CHILD'S COUNTY OF BIRTH** _____
 Month / Day / Year

MY CHILD'S EXISTING BIRTH CERTIFICATE WILL BE CORRECTED TO REFLECT THE FOLLOWING:

(Print clearly or type.)

THE **INCORRECT** INFORMATION BELOW **SHALL BE CORRECTED TO** THE **CORRECT** INFORMATION BELOW

(1) _____ First Name of Child	_____ First Name of Child
(2) _____ Middle Name of Child	_____ Middle Name of Child
(3) _____ Surname (Last Name) of Child	_____ Surname (Last Name) of Child
(4) _____ Title of Child	_____ Title of Child

SIGNATURE - Parent _____ **Date Signed** (Month / Day / Year) _____

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In case of questions, please supply your address and phone number.

NAME - Contact Person _____ **DAYTIME TELEPHONE** (_____) _____

MAILING ADDRESS - Contact Person _____
 Street Address or PO Box City State Zip Code

- You will **not** be notified when the correction(s) is made, unless you exchange incorrect certified copies or order new certified copies of the birth certificate.
- If you want to purchase a copy of the birth certificate, please submit a check or money order of \$12.00 for a single copy and, if additional copies are ordered at the same time as the first copy, \$3.00 for each additional copy. Make check or money order payable to: **STATE OF WIS. VITAL RECORDS**
- If applicable, include your incorrect certified copy(s) or your order for a certified copy(s) with this request.

PHOTOCOPIES OF THIS FORM WILL NOT BE ACCEPTED.

Return this **original** form and any additional materials to: **State Office of Vital Records / PO Box 309 / Madison, WI 53701-0309**

RETAIN A PHOTOCOPY OF THIS FORM FOR DOCUMENTING THE CORRECTION(S) WITH THE SOCIAL SECURITY ADMINISTRATION.